

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

| | | | | |
|---|--------------|---|--|-------------------|
| Form | 990-T | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | | OMB No. 1545-0687 |
| Department of the Treasury Internal Revenue Service | | For calendar year 2003 or other tax year beginning _____, 2003, and ending _____, 20_____ ▶ See separate instructions. | | |
| A <input type="checkbox"/> Check box if address changed | | Please Print or Type | D Employer identification number (Employees' trust, see instructions for Block D on page 7.) | |
| B Exempt under section <input type="checkbox"/> 501(c) () <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) | | | E New unrelated bus. activity codes (See instructions for Block E on page 7.) | |
| C Book value of all assets at end of year | | | | |
| F Group exemption number (see instructions for Block F on page 7) ▶ | | G Check organization type ▶ <input type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust | | |
| H Describe the organization's primary unrelated business activity. ▶ | | | | |
| I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶ | | | | |
| J The books are in care of ▶ | | Telephone number ▶ () | | |
| Part I Unrelated Trade or Business Income | | | | |
| | | (A) Income | (B) Expenses | (C) Net |
| 1a Gross receipts or sales | | | | |
| b Less returns and allowances | | | | |
| c Balance ▶ | 1c | | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 Gross profit (subtract line 2 from line 1c) | 3 | | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | | |
| b Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | | |
| 6 Rent income (Schedule C) | 6 | | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 8 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 Advertising income (Schedule J) | 11 | | | |
| 12 Other income (see page 9 of the instructions—attach schedule) | 12 | | | |
| 13 Total (combine lines 3 through 12) | 13 | | | |
| Part II Deductions Not Taken Elsewhere (See page 9 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) | | | | |
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | | | |
| 15 Salaries and wages | 15 | | | |
| 16 Repairs and maintenance | 16 | | | |
| 17 Bad debts | 17 | | | |
| 18 Interest (attach schedule) | 18 | | | |
| 19 Taxes and licenses | 19 | | | |
| 20 Charitable contributions (see page 11 of the instructions for limitation rules) | 20 | | | |
| 21 Depreciation (attach Form 4562) | 21 | | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | | | 22b |
| 23 Depletion | 23 | | | |
| 24 Contributions to deferred compensation plans | 24 | | | |
| 25 Employee benefit programs | 25 | | | |
| 26 Excess exempt expenses (Schedule I) | 26 | | | |
| 27 Excess readership costs (Schedule J) | 27 | | | |
| 28 Other deductions (attach schedule) | 28 | | | |
| 29 Total deductions (add lines 14 through 28) | 29 | | | |
| 30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13) | 30 | | | |
| 31 Net operating loss deduction | 31 | | | |
| 32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30) | 32 | | | |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | | | |
| 34 Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | | | |
| For Paperwork Reduction Act Notice, see instructions. | | | | |
| Cat. No. 11291J | | | | |
| Form 990-T (2003) | | | | |

Part III Tax Computation**35 Organizations Taxable as Corporations** (see instructions for tax computation on page 12).Controlled group members (sections 1561 and 1563)—check here ☐. **See instructions and:****a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) \$

(2) additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 ▶**35c****36 Trusts Taxable at Trust Rates** (see instructions for tax computation on page 13) Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶**36****37 Proxy tax** (see page 13 of the instructions) ▶**37****38 Alternative minimum tax** ▶**38****39 Total** (add lines 37 and 38 to line 35c or 36, whichever applies) ▶**39****Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶**40a****b** Other credits (see page 13 of the instructions) ▶**40b****c** General business credit—Check here and indicate which forms are attached: ☐ Form 3800 ☐ Form(s)(specify) ▶**40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) ▶**40d****e Total credits** (add lines 40a through 40d) ▶**40e****41** Subtract line 40e from line 39 ▶**41****42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule). ▶**42****43 Total tax** (add lines 41 and 42) ▶**43****44a** Payments: A 2002 overpayment credited to 2003 ▶**44a****b** 2003 estimated tax payments ▶**44b****c** Tax deposited with Form 8868 ▶**44c****d** Foreign organizations—Tax paid or withheld at source (see instructions) ▶**44d****e** Backup withholding (see instructions) ▶**44e****f** Other: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶**44f****45 Total payments** (add lines 44a through 44f) ▶**45****46** Estimated tax penalty (see page 4 of the instructions). Check ☐ if Form 2220 is attached ▶**46****47 Tax due**—If line 45 is less than the total of lines 43 and 46, enter amount owed ▶**47****48 Overpayment**—If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶**48****49** Enter the amount of line 48 you want: **Credited to 2004 estimated tax** ▶**Refunded** ▶**49****Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 15.)

1 At any time during the 2003 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here ▶

| Yes | No |
|-----|----|
| | |

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 15 of the instructions for other forms the organization may have to file.

| | |
|--|--|
| | |
|--|--|

3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$

| | |
|--|--|
| | |
|--|--|

Schedule A—Cost of Goods Sold (See instructions on page 16.)

Method of inventory valuation (specify) ▶

1 Inventory at beginning of year**1****2** Purchases**2****3** Cost of labor**3****4a** Additional section 263A costs (attach schedule)**4a****b** Other costs (attach schedule)**4b****5 Total**—Add lines 1 through 4b**5****6** Inventory at end of year**6****7 Cost of goods sold.** Subtract line 6 from line 5. (Enter here and on line 2, Part I.)**7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ▶

| Yes | No |
|-----|----|
| | |

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no. ()

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(See instructions on page 16.)

1 Description of property

| |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2 Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |

Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.) ▶**Total deductions.** Enter here and on line 6, column (B), Part I, page 1. ▶**Schedule E—Unrelated Debt-Financed Income** (See instructions on page 17.)

| 1 Description of debt-financed property | | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|--|---|
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 × column 6) | 8 Allocable deductions (column 6 × total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| | | | Enter here and on line 7, column (A), Part I, page 1. | Enter here and on line 7, column (B), Part I, page 1. |

Totals. ▶**Total dividends-received deductions** included in column 8 ▶**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 18.)

| 1 Name of Controlled Organization | 2 Employer Identification Number | Exempt Controlled Organizations | | | |
|--|---|---|---|---|--|
| | | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column (4) that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column (5) |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column (9) that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column (10) |
|-------------------------|---|---|--|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on line 8, Column (A), Part I, page 1. | Add columns 6 and 11. Enter here and on line 8, Column (B), Part I, page 1. |

Totals. ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 18.)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col. 4) |
|-------------------------|---|---|--------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | Enter here and on line 9, column (A), Part I, page 1. | | | Enter here and on line 9, column (B), Part I, page 1. |

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | Enter here and on line 10, col. (A), Part I, page 1. | Enter here and on line 10, col. (B), Part I, page 1. | | | | Enter here and on line 26, Part II, page 1. |

Schedule J—Advertising Income (See instructions on page 19.)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| | | | | | | |
|--|--|--|--|--|--|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) Totals from Part I | | | | | | |
| Totals, Part II (lines 1-5) | Enter here and on line 11, col. (A), Part I, page 1. | Enter here and on line 11, col. (B), Part I, page 1. | | | | Enter here and on line 27, Part II, page 1. |

Schedule K—Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|---|---------|---------------------------------------|---|
| | | % | |
| | | % | |
| | | % | |
| | | % | |
| Total —Enter here and on line 14, Part II, page 1. | | | |

